IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 2186	**Customer No.: 35811**
Examiner	: Tuan V. Thai	
Serial No.	: 09/701,200	Confirmation No.: 7269
Filed	: November 27, 2000	
Inventors	: George Friedman et al.	
Title	: REGISTRY MONITORING	Docket No.: 1243-00
	: SYSTEM AND METHOD	

Dated: November 23, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

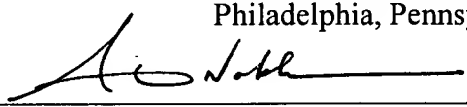## Certificate of Mailing Under 37 CFR 1.8

For

Postcard
Amendment Transmittal Letter, in Duplicate
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP
One Liberty Place
1650 Market Street, Suite 4900
Philadelphia, Pennsylvania 19103

By: _____

Date: ____ 11/23/2005 ____

AF

Attorney Docket No.: 1243-00

In re Application of George Friedman et al.

Serial No.:   09/701,200

Filed: November 27, 2000

For: REGISTRY MONITORING SYSTEM AND METHOD.

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

___   Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

___   A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

_X_   No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE-VIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL	* 35	-	** 35=	0	x 9=	$135		x18=	$
INDEP.	* 7	-	** 7=	0	x43=	$86		x86=	$
___ First presentation of multiple dependent claim					+145=	$		+290=	$

TOTAL ADDITIONAL FEE $_____   OR $_____
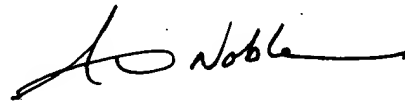
*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20,
        write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___   Please charge my Deposit Account No. 50-2719 in the amount of $_____.
A duplicate copy of this sheet is enclosed.

___   A check in the amount of $_____is attached.

_x_   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

       _x_   Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

       _x_   Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Paul A. Taufer
Reg. No. 35,703
Andrew A. Noble
Reg. No. 48, 651

AAN:mnr
(215)656-33

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		Dated: November 23, 2005

AMENDMENT UNDER 37 C.F.R. § 1.115

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 26, 2005, please amend the application as follows: